

<i>SERFF Tracking Number:</i>	<i>NALH-126004220</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Midland National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41414</i>
<i>Company Tracking Number:</i>	<i>TR146</i>		
<i>TOI:</i>	<i>L06I Individual Life - Variable</i>	<i>Sub-TOI:</i>	<i>L06I.002 Single Life - Flexible Premium</i>
<i>Product Name:</i>	<i>TR146</i>		
<i>Project Name/Number:</i>	<i>TR146/TR146</i>		

Filing at a Glance

Company: Midland National Life Insurance Company

Product Name: TR146	SERFF Tr Num: NALH-126004220	State: ArkansasLH
TOI: L06I Individual Life - Variable	SERFF Status: Closed	State Tr Num: 41414
Sub-TOI: L06I.002 Single Life - Flexible Premium	Co Tr Num: TR146	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Authors: Carrie Block, Laurie Gruba, Paula Kunkel-White, Gayle Lovorn, Gail Velen	Disposition Date: 02/02/2009
	Date Submitted: 01/27/2009	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: TR146	Status of Filing in Domicile: Authorized
Project Number: TR146	Date Approved in Domicile: 01/27/2009
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 02/02/2009	
State Status Changed: 02/02/2009	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
RE: NAIC# 66044 / FEIN# 46-0164570	
TR146 WAIVER OF SURRENDER CHARGE OPTION RIDER	

SERFF Tracking Number:	NALH-126004220	State:	Arkansas
Filing Company:	Midland National Life Insurance Company	State Tracking Number:	41414
Company Tracking Number:	TR146		
TOI:	L06I Individual Life - Variable	Sub-TOI:	L06I.002 Single Life - Flexible Premium
Product Name:	TR146		
Project Name/Number:	TR146/TR146		

Dear Reviewer:

We are filing the above form for your review and approval. This is a new form and is not intended to replace any previously approved form. This form is laser printed and we reserve the right to change fonts and layouts. We certify that the font size will never be less than 10-point type. Licensed agents of the Company will market this product on an individual basis.

No part of the filing contains unusual or possibly controversial items from normal Company or industry standards.

The Waiver of Surrender Charge Option Rider provides the policyholder an option to Waive the Surrender Charges on the policy. The rider can only be elected at time of application. There is a Monthly Fee for this option. Please see the Actuarial Memo for details.

Currently, the only policy that this rider will be available with is shown below. However, we are requesting approval for general use with any policy we deem appropriate in the future. Included in this filing is a sample Schedule of Policy Benefits showing issuance of the rider. Also included is a Statement of Variability for showing the range for the Monthly Rate for this option.

Policy Form Approval Date

L135 04/16/2008

This filing was approved by our domicile state of Iowa on 01/27/2009.

Your review for approval, at your earliest convenience, would be appreciated. Please feel free to contact me if you should have any questions regarding this filing.

Company and Contact

Filing Contact Information

Carrie Block, Contracts Analyst
One Midland Plaza
Sioux Falls, SD 57193-0001

cblock@mnlife.com
(800) 923-3223 [Phone]
(605) 373-8632[FAX]

<i>SERFF Tracking Number:</i>	<i>NALH-126004220</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Midland National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41414</i>
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<i>TOI:</i>	<i>L06I Individual Life - Variable</i>	<i>Sub-TOI:</i>	<i>L06I.002 Single Life - Flexible Premium</i>
<i>Product Name:</i>	<i>TR146</i>		
<i>Project Name/Number:</i>	<i>TR146/TR146</i>		

Filing Company Information

Midland National Life Insurance Company	CoCode: 66044	State of Domicile: Iowa
525 W. Van Buren Street	Group Code: 431	Company Type: Life and Annuity
Chicago, IL 60607	Group Name:	State ID Number:
(800) 800-3656 ext. [Phone]	FEIN Number: 46-0164570	

SERFF Tracking Number:	NALH-126004220	State:	Arkansas
Filing Company:	Midland National Life Insurance Company	State Tracking Number:	41414
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TOI:	L06I Individual Life - Variable	Sub-TOI:	L06I.002 Single Life - Flexible Premium
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Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	1 rider X \$20.00 = \$20.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Midland National Life Insurance Company	\$20.00	01/27/2009	25307762

<i>SERFF Tracking Number:</i>	<i>NALH-126004220</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>TR146</i>		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	02/02/2009	02/02/2009

<i>SERFF Tracking Number:</i>	<i>NALH-126004220</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>TR146</i>		
<i>Project Name/Number:</i>	<i>TR146/TR146</i>		

Disposition

Disposition Date: 02/02/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>NALH-126004220</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Midland National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41414</i>
<i>Company Tracking Number:</i>	<i>TR146</i>		
<i>TOI:</i>	<i>L06I Individual Life - Variable</i>	<i>Sub-TOI:</i>	<i>L06I.002 Single Life - Flexible Premium</i>
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<i>Project Name/Number:</i>	<i>TR146/TR146</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Sample of Schedule Page		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Certificate of Compliance		Yes
Form	Waiver of Surrender Charge Option Rider		Yes

SERFF Tracking Number:	NALH-126004220	State:	Arkansas
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Product Name:	TR146		
Project Name/Number:	TR146/TR146		

Form Schedule

Lead Form Number: TR146

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	TR146	Policy/Cont Waiver of Surrender ract/Fratern Charge Option Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		53	TR146 WoSC.pdf



A Member of the Sammons Financial Group

A Stock Company

Principal Office: 4601 Westown Parkway, Suite 300, West Des Moines, IA 50266 ♦ (515) 440-5500

Executive Office: One Sammons Plaza, Sioux Falls, SD 57193 ♦ (800) 923-3223

WAIVER OF SURRENDER CHARGE OPTION RIDER

This Rider is a part of the Policy to which it is attached. It is subject to all the provisions of the Policy unless We state otherwise.

Effective Date – The Rider is effective on the Policy Date shown in the Schedule of Policy Benefits. This Rider cannot be elected after the Policy Date.

1. The following provision is added to the POLICY VALUES section of the Policy:

WAIVER OF SURRENDER CHARGE OPTION - The Waiver of Surrender Charge Option is an option that You selected at the time of application and it may not be changed for the life of this Policy. When this Option is selected, We will waive the Surrender Charges shown in the Schedule of Policy Benefits unless You request this Policy to be surrendered and subsequently transferred, directly or indirectly, to another insurance company to achieve an exchange under Section 1035 of the Internal Revenue Code. If this Policy is surrendered and the value is transferred to another insurance company as an exchange under Section 1035 of the Internal Revenue Code, We reserve the right to deduct the Surrender Charges as described in the Surrender Charge provision.

When the Waiver of Surrender Charge Option is selected, the Waiver of Surrender Charge Fee is determined on each Monthly Anniversary during the Waiver of Surrender Charge Option Period. For details, see item 4. of the Expense Amount provision. The Waiver of Surrender Charge Period begins on the Issue Date. The date the Waiver of Surrender Charge Option Period Ends is shown in the Schedule of Policy Benefits.

If an increase in Specified Amount is requested and approved, an additional Waiver of Surrender Charge Fee and Waiver of Surrender Charge Option Period will apply to the increase amount. Notice of the amount and duration of the fee will be sent to Your last known address.

2. The EXPENSE AMOUNT provision of the Policy is deleted and replaced with the following:

EXPENSE AMOUNT – The Expense Amount will never be more than:

1. The Policy Expense Charge shown in the Schedule of Policy Benefits, plus
2. The Unit Expense Charge shown in the Schedule of Policy Benefits times the highest Specified Amount ever in effect divided by 1000, plus
3. The Percent of Fund Charge shown in the Schedule of Policy Benefits times the difference between the Policy Fund and the Policy Debt, plus
4. The Waiver of Surrender Charge Fee. The Waiver of Surrender Charge Fee is equal to the Waiver of Surrender Charge Option Monthly Rate shown in the Schedule of Policy Benefits multiplied by the Specified Amount divided by 1000.

3. The following is added to the SURRENDER CHARGE provision of the Policy:

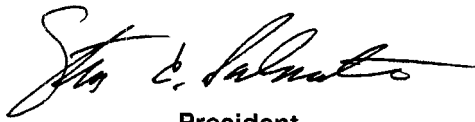
If You have elected the Waiver Of Surrender Charge Option, We will waive the Surrender Charges unless You request this Policy to be surrendered and subsequently transferred, directly or indirectly, to another insurance company to achieve an exchange under Section 1035 of the Internal Revenue Code. If this Policy is surrendered and the value is transferred to another insurance company as an exchange under Section 1035 of the Internal Revenue Code, We reserve the right to deduct the Surrender Charges as described in this Policy.

4. The following is added to the CHANGES IN SPECIFIED AMOUNT, item 1., "If the Specified Amount is to be decreased", provision of the Policy:

The Waiver of Surrender Charge Fee will be applied to the reduced Specified Amount.

5. The following is added to the CHANGES IN SPECIFIED AMOUNT, item 2., "If the Specified Amount is to be increased", provision of the Policy:

A new Waiver of Surrender Charge Option Period and Waiver of Surrender Charge Fee will apply to the increase.



President



Secretary

<i>SERFF Tracking Number:</i>	<i>NALH-126004220</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Midland National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41414</i>
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<i>Product Name:</i>	<i>TR146</i>		
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	NALH-126004220	State:	Arkansas
Filing Company:	Midland National Life Insurance Company	State Tracking Number:	41414
Company Tracking Number:	TR146		
TOI:	L06I Individual Life - Variable	Sub-TOI:	L06I.002 Single Life - Flexible Premium
Product Name:	TR146		
Project Name/Number:	TR146/TR146		

Supporting Document Schedules

Review Status:

Satisfied -Name:	Flesch Certification	01/23/2009
Comments:		
Attachment:	READABILITY CERT.pdf	

Review Status:

Satisfied -Name:	Sample of Schedule Page	01/27/2009
Comments:		
Attachment:	LS135CV VULcv2 _2_.pdf	

Review Status:

Satisfied -Name:	Statement of Variability	01/27/2009
Comments:		
Attachment:	Stmnt of Variability TR146.pdf	

Review Status:

Satisfied -Name:	Certificate of Compliance	01/27/2009
Comments:		
Attachment:	AR L & H 1 cert.pdf	

READABILITY CERTIFICATE

Name and Address of Insurer: MIDLAND NATIONAL LIFE INSURANCE COMPANY
Executive Office: One Sammons Plaza
Sioux Falls, SD 57193

I certify that Readability has been tested under the Flesch Readability formula set forth by Rudolph Flesch in his book, The Art of Readability Writing and that the form(s) meet your minimum readability requirements for the form(s) listed below:

<u>FORM NUMBER</u>	<u>DESCRIPTION</u>	<u>SCORE</u>
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Timothy Reuer, FSA, MAAA
Vice President - Product Development

Date

SCHEDULE OF POLICY BENEFITS

OWNER: [Mary Doe] **POLICY NUMBER:** [12345678910]
INSURED: [John Doe] **POLICY DATE:** [3/1/2008]
SEX: [Male] **ISSUE AGE:** [35]
MATURITY DATE: [3/1/2094]* **SPECIFIED AMOUNT:** \$[100,000]
PLANNED PERIODIC PREMIUM: [\$984.00 annually] **PREMIUM CLASS:** [Non-Tobacco]
NO LAPSE GUARANTEE PREMIUM: [\$ 44.67 monthly] **NO LAPSE GUARANTEE PERIOD:** Ends [3/1/2043]
BENEFICIARY: As specified in the Application unless changed as provided in this Policy

DEATH BENEFIT OPTION: [1]

MINIMUM GUARANTEED INTEREST RATE ON THE GENERAL ACCOUNT: 3.0 % PER YEAR

MAXIMUM POLICY LOAN INTEREST RATE: 8.00% PER YEAR PAYABLE IN ARREARS

INITIAL POLICY YEAR FOR ZERO COST LOANS: [6th]

WAIVER OF SURRENDER CHARGE OPTION MONTHLY RATE PER \$1, 000: \$[0.08]

WAIVER OF SURRENDER CHARGE OPTION PERIOD ENDS: [3/1/2022]

MINIMUM TRANSFER AMOUNT: [\$200]

MAXIMUM TRANSFER CHARGE: [\$25.00]

MAXIMUM FREE TRANSFERS: [12] PER YEAR

MINIMUM SPECIFIED AMOUNT: [\$50,000]

MAXIMUM WITHDRAWAL CHARGE: [\$25.00]

MINIMUM INCREASE AMOUNT: [\$25,000]

MINIMUM WITHDRAWAL AMOUNT: [\$500.00]

BASIS OF VALUES: 2001 CSO, SEX DISTINCT, COMPOSITE, AGE LAST BIRTHDAY MORTALITY TABLE

LIFE INSURANCE QUALIFICATION TEST: [GUIDELINE PREMIUM TEST]

PREMIUM LOAD: [5%] OF PREMIUMS RECEIVED IN ALL POLICY YEARS

POLICY EXPENSE CHARGE: [\$12] PER MONTH FOR [65] POLICY YEARS

UNIT EXPENSE CHARGE: [\$0.0950] PER MONTH FOR [65] POLICY YEARS**

PERCENT OF FUND CHARGE: [0.0500%] PER MONTH IN POLICY YEARS [1 THROUGH 10];
[0.0042%] PER MONTH IN POLICY YEARS [11 AND AFTER]

* It is possible that coverage will lapse prior to the Maturity Date shown, if premiums paid are insufficient to continue coverage to such date.

** The Unit Expense Charge may change based upon increases in the Specified Amount.

SCHEDULE OF POLICY BENEFITS (CONTINUED)**TABLE OF SURRENDER CHARGES PER \$1,000**

Policy Year	Surrender Charge Factor	Policy Year	Surrender Charge Factor
1	[\$22.00	9	\$16.50
2	\$22.00	10	\$13.20
3	\$22.00	11	\$9.90
4	\$22.00	12	\$6.60
5	\$22.00	13	\$4.40
6	\$22.00	14	\$2.20
7	\$22.00	15+	\$0.00]
8	\$19.80		

If the Waiver of Surrender Charge Option is selected, the Surrender Charges will be waived. However, if this Policy is surrendered and subsequently transferred, directly or indirectly, to another insurance company to achieve an exchange under Section 1035 of the Internal Revenue Code, We reserve the right to deduct the Surrender Charges as described in the Surrender Charge provision.

CORRIDOR PERCENTAGE TABLE

Policy Age	Percentage	Policy Age	Percentage
[0-40	250%	60	130%
41	243%	61	128%
42	236%	62	126%
43	229%	63	124%
44	222%	64	122%
45	215%	65	120%
46	209%	66	119%
47	203%	67	118%
48	197%	68	117%
49	191%	69	116%
50	185%	70	115%
51	178%	71	113%
52	171%	72	111%
53	164%	73	109%
54	157%	74	107%
55	150%	75 – 90	105%
56	146%	91	104%
57	142%	92	103%
58	138%	93	102%
59	134%	94	101%
		95+	100%]

SCHEDULE OF POLICY BENEFITS (CONTINUED)**TABLE OF GUARANTEED COST OF INSURANCE RATES
MAXIMUM MONTHLY COST OF INSURANCE PER \$1,000**

Policy Age	MALE	FEMALE
	All Classes	All Classes
0	0.06	0.04
1	0.04	0.03
2	0.03	0.02
3	0.02	0.02
4	0.02	0.02
5	0.02	0.02
6	0.02	0.02
7	0.02	0.02
8	0.02	0.02
9	0.02	0.02
10	0.02	0.02
11	0.02	0.02
12	0.03	0.02
13	0.03	0.03
14	0.04	0.03
15	0.06	0.03
16	0.07	0.03
17	0.07	0.03
18	0.08	0.04
19	0.08	0.04
20	0.08	0.04
21	0.08	0.04
22	0.09	0.04
23	0.09	0.04
24	0.09	0.04
25	0.09	0.05
26	0.10	0.05
27	0.10	0.05
28	0.10	0.05
29	0.10	0.06
30	0.10	0.06
31	0.09	0.06
32	0.10	0.07
33	0.10	0.07
34	0.10	0.08
35	0.10	0.08
36	0.11	0.09
37	0.12	0.10
38	0.12	0.10
39	0.13	0.11
40	0.14	0.11
41	0.16	0.12
42	0.17	0.13
43	0.19	0.14
44	0.21	0.15
45	0.23	0.16
46	0.25	0.18
47	0.27	0.20
48	0.29	0.22
49	0.30	0.24
50	0.33	0.27

SCHEDULE OF POLICY BENEFITS (CONTINUED)**TABLE OF GUARANTEED COST OF INSURANCE RATES (continued)
MAXIMUM MONTHLY COST OF INSURANCE PER \$1,000**

	MALE	FEMALE
Policy		
Age	All Classes	All Classes
51	0.36	0.30
52	0.39	0.33
53	0.44	0.37
54	0.49	0.41
55	0.54	0.45
56	0.61	0.49
57	0.66	0.54
58	0.72	0.59
59	0.79	0.64
60	0.87	0.70
61	0.97	0.76
62	1.09	0.82
63	1.21	0.88
64	1.35	0.96
65	1.48	1.03
66	1.62	1.12
67	1.76	1.21
68	1.92	1.32
69	2.08	1.43
70	2.27	1.57
71	2.51	1.71
72	2.79	1.88
73	3.08	2.06
74	3.39	2.25
75	3.74	2.47
76	4.13	2.70
77	4.59	2.96
78	5.12	3.25
79	5.72	3.56
80	6.39	3.95
81	7.12	4.44
82	7.90	4.95
83	8.76	5.49
84	9.73	6.10
85	10.82	6.71
86	12.03	7.44
87	13.35	8.35
88	14.78	9.32
89	16.30	10.29
90	17.84	10.99
91	19.38	11.68
92	21.01	12.85
93	22.77	14.44
94	24.65	16.49
95	26.57	18.78
96	28.47	21.09
97	30.55	22.62
98	32.82	23.45
99	35.30	25.22
100+	0.00	0.00

SCHEDULE OF POLICY BENEFITS (CONTINUED)

ADDITIONAL BENEFITS PROVIDED BY ENDORSEMENT OR RIDER

DESCRIPTION OF ADDITIONAL POLICY BENEFITS	YEARS PAYABLE/ EXPIRY DATE	BENEFIT UNITS OR AMOUNT	ANNUAL PREMIUM
WAIVER OF SURRENDER CHARGE OPTION RIDER	3/1/2022	N/A	NONE

INQUIRIES REGARDING YOUR POLICY SHOULD BE DIRECTED TO YOUR AGENT, OR, IF HE OR SHE IS NOT AVAILABLE TO OUR EXECUTIVE OFFICE AT THE FOLLOWING ADDRESS:

MIDLAND NATIONAL LIFE INSURANCE COMPANY
ATTN: POLICYOWNER SERVICE
ONE MIDLAND PLAZA
SIOUX FALLS, SD 57193
TOLLFREE 1-800-272-1642

Statement of Variability -Waiver of Surrender Charge Rider TR146

Bracketed Item	Variable Text/Range
Waiver of Surrender Charge Monthly Rate Per \$1,000	\$0 to \$0.08 (varies by issue age)

State of Arkansas

Certificate of Compliance

Rider Form TR146

On behalf of Midland National Life Insurance Company I certify the company is in compliance with:

Rule and Regulation 19.

Rule and Regulation 49 – each policyholder will be provided a life and health guaranty notice at time of issue.

A.C.A. § 23-79-138 for Policy Information Requirements – each policy will contain the contact information of the policyholder's service office, soliciting agent and the state insurance department.



Carrie Block, Senior Contracts Analyst

Date: January 27, 2009